

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90056 017 \*\*\*\*\*70.00

DOCUMENT # N94000004633

1. Entity Name

THE KREWE OF THE KNIGHTS OF SANT' YAGO  
EDUCATION FOUNDATION, INC.



Principal Place of Business

Mailing Address

1615 HACIENDA CT  
TAMPA FL 33605

1615 HACIENDA CT  
TAMPA FL 33605

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

SAC L  
Suite, Apt. #, etc.  
N/A

Same

City & State

City & State

Same As Above

Same

Zip

Country

Zip

Country

33605

USA

1st MOORE

CR2E037 (10/06)

4. FEI Number

31-1467827

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMRON, O. REX  
1615 HACIENDA CT  
TAMPA FL 33605

Name: DR OREX DAMRON  
Street Address (P.O. Box Number is Not Acceptable): 1615 HACIENDA CT  
City: TAMPA FL Zip Code: 33605

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature of Dr. Rex Damron]*

1-31-07

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007 8.75  
\$70.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DC  
NAME: LEON, HERNAN  
STREET ADDRESS: 4107 STILLWATER TERRACE  
CITY-STATE-ZIP: TAMPA FL 33624 ☒ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: DP  
NAME: DAMRON, D. REX  
STREET ADDRESS: 1940 WOLF LAUREL DRIVE  
CITY-STATE-ZIP: SUN CITY CENTER FL 33573 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: DV  
NAME: ORTIZ, RAYMOND F  
STREET ADDRESS: 120 WOODGLEN CT  
CITY-STATE-ZIP: OLDSMAR FL 34677 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: DS  
NAME: LAMB, JACK R  
STREET ADDRESS: 9725 TIFFANY OAKS LANE  
CITY-STATE-ZIP: TAMPA FL 33603 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: DT  
NAME: PALMISANO, WILLIAM JR  
STREET ADDRESS: 3104 MCFARLAND RD  
CITY-STATE-ZIP: TAMPA FL 33618 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D.T.  
NAME: ANTON, WILLIAM D  
STREET ADDRESS: 525 CANAL SHORES DR  
CITY-STATE-ZIP: TAMPA FL 33556 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature of Dr. Rex Damron]*

30 Jan 2007 813-634 8419

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #